



# DECLARATION OF CANDIDACY AND WRITTEN CONSENT TO FILL A BALLOT VACANCY IN 2016

State Form 47005 (R12 / 9-15)

Indiana Election Division (IC 3-13-1-10.5, IC 3-13-1-14)

(CAN-31)

**INSTRUCTIONS:** A declaration of candidacy to fill a ballot vacancy must be filed no later than 72 hours before the caucus to fill the vacancy with the chair of the caucus and the official who receives the certificate of candidate selection under IC 3-13-1-15. For questions on where to file this form, contact the Indiana Election Division at 800-622-4941. A statement of economic interests may also be required to be filed by a candidate for certain offices.

TO THE ☐ Democratic Party or the ☒ Republican Party CHAIR, \_\_\_\_\_ COUNTY, STATE OF INDIANA:

## GENERAL INFORMATION

I, Theodore Rokita the undersigned, certify the following:  
Name of Candidate

(1) I am a registered voter of Precinct PK 025 of the Township of Pike

(or of Ward \_\_\_\_\_ of the City or Town of Indpls), County of MARION, State of Indiana

(2) I give my written consent for you to certify my name to the appropriate election official under IC 3-13-1-15 to be placed on the official general election ballot of the (check one box) ☐ Democratic Party OR the ☒ Republican Party for the office of Governor District \_\_\_\_\_ (if any) to be voted on at the general election to be held on November 8, 2016, if I am chosen as the above named party's candidate by its caucus or authorized committee under IC 3-13-1 (or if I am appointed as the party's candidate when no caucus is required to be held).

(3) If I am a candidate for selection by a caucus or committee, I am also filing a copy of this declaration with the (check one box)

☒ Indiana Election Division or the ☐ Circuit Court Clerk of the above county at least 72 hours before the time fixed for the caucus.

(4) This paragraph does not apply to a candidate for federal office. I comply with all requirements under the laws of the State of Indiana to be a candidate for this office (including any applicable residency requirement), and I am not ineligible to be a candidate due to a criminal conviction that would prohibit me from serving in this office.

## RESIDENCY INFORMATION

(5) My complete residence address is:

8823 WOODCRE LANE

Complete Residence Address Must Be Inserted

Indianapolis

City

Indiana 46234  
ZIP Code

(6) My mailing address is (if different from residence address):

SAME

SAME

City

Indiana SAME  
ZIP Code

Mailing Address (Write "SAME" if both addresses are identical or leave blank)

## CANDIDATE NAME INFORMATION

I request that my name appear on the general election ballot in the following manner:

Todd Rokita

(\*Include any Nickname and/or Suffix, Jr. Sr. II III IV)

I also request that the name on my voter registration record be the same as the name on this declaration of candidacy, and that a copy of this form be forwarded to the county voter registration office for any necessary change.

The candidate's name must comply with the requirements in Indiana Code 3-5-7. If a candidate's name does not comply with this state law, the declaration may be challenged under Indiana Code 3-8-1-2.

\*A candidate may use a nickname on the ballot only if the nickname is a name by which the candidate is commonly known and does not exceed 20 characters. EXAMPLE: John R. (Jack) Doe A candidate may not use a title or degree as a designation or a designation that implies a title or degree.

## CANDIDATE CERTIFICATION

(7) (This paragraph does not apply to federal offices.) By initialing, I acknowledge that I have attached a copy of the applicable statement of economic interest statement, file stamped by the office required to receive the statement, or a receipt or photocopy of a receipt showing that this statement of economic interest has been filed. (initial here) TR

(8) (This paragraph does not apply to a candidate for federal office or state legislative office) By initialing, I acknowledge that I might be required to file a surety bond before serving in office. (initial here) TR

(9) (This paragraph does not apply for candidates for federal office, state office, or state legislative office.) By initialing, I acknowledge that I might be required to complete training or have attained certification related to service in office. (initial here) \_\_\_\_\_

↓ Please complete reverse of form ↓

# CANDIDATE CERTIFICATION (continued)

(10) (This paragraph does not apply to a candidate for federal office.)

By initialing, I acknowledge that I am aware of the provisions of IC 3-9 regarding campaign finance and the reporting of campaign finance contributions and expenditures, and agree to comply with the provision of IC 3-9. (Initial here) flw

(11) I have been a candidate for state, state legislative, or local office in a previous primary, municipal, special, or general election:

☒ Yes ☐ No (Check one)

(If the answer to this question is no, skip paragraph 12 and proceed to paragraph 13.)

(12) I have filed all reports required by IC 3-9-5-10 for all previous candidacies: ☒ Yes ☐ No (Check one)

(13) (This paragraph only applies to a candidate for a local office if the local office receives compensation of at least \$5,000 per year, or to a local office if the local office receives compensation of less than \$5,000 but the candidate raises or spends more than \$500.) I have filed a campaign finance statement of organization for my principal candidate's committee with the appropriate county election board OR I am aware that I may be required to file the campaign finance statement of organization not later than noon, seven (7) days after the final date to file this declaration of candidacy. (initial here) \_\_\_\_\_

I certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.

Signature: [Signature] Date Signed (MM/DD/YY): 7/15/16 317, 718-0404 Telephone (Day) Telephone (Evening)

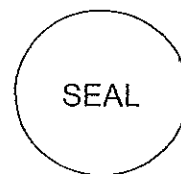
STATE OF INDIANA )  
COUNTY OF MARION )

Subscribed and sworn to before me this 15<sup>th</sup> day of July, 2016.

[Signature] Notary Public or Other Official Administering Oath according to IC 33-42-4-1 (11)

My Commission expires (applies only to Notary Public): 12-31-18

County of Residence: MARION



## CAMPAIGN FINANCE NOTICE

A candidate who fills a ballot vacancy 30 days or more before the general election must file campaign finance reports in accordance with IC 3-9-5-8.5. A candidate who fills a ballot vacancy less than 30 days before the general election must file campaign finance reports in accordance with IC 3-9-5-8.5 in addition to all other reports required by IC 3-9-5.

The candidate's committee must also file a pre-election supplemental report no later than forty-eight (48) hours after the committee receives contributions from a person that total \$1,000 or more during the period beginning **October 15, 2016, and ending November 6, 2016**, with the Indiana Election Division, appropriate county election board, or both. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

A person who fails to file a report with the Indiana Election Division or a county election board is subject to a civil penalty of \$50 for each day the report is late, with the afternoon of the final date for filing the report being calculated as the first day, for a maximum penalty of not more than \$1,000, plus any investigative costs incurred and documented by the Election Division or county election board.

### Special Campaign Finance Instructions for Candidates For Statewide Office Filling a Ballot Vacancy

A candidate's committee must file "quarterly" campaign finance reports with the Indiana Election Division, according to the following schedule. These filings must be made electronically, and are subject to the same civil penalties set forth in the Campaign Finance Notice above. Contact the Campaign Finance Division of the Election Division for further information.

The committee must file quarterly reports no later than noon, Indianapolis time:

- (1) April 15, 2016, covering the period from January 1, 2016, through March 31, 2016.
- (2) July 15, 2016, covering the period from April 1, 2016, through June 30, 2016.
- (3) October 17, 2016, covering the period from July 1, 2016, through September 30, 2016.
- (4) November 1, 2016, covering the period from October 1, 2016, through October 24, 2016.
- (5) January 18, 2017, covering the period from October 25, 2016, through December 31, 2016.

The candidate's committee must also file supplemental reports with the Indiana Election Division no later than forty-eight (48) hours after the committee receives contributions from a person that total \$1,000 or more during the reporting periods listed below. If no such contribution is received, the candidate's committee is not required to file a supplemental report.

- (1) Supplemental Reporting Period: April 1, 2016, through NOON April 15, 2016.
- (2) Supplemental Reporting Period: July 1, 2016, through NOON July 15, 2016.
- (3) Supplemental Reporting Period: October 1, 2016, through NOON October 15, 2016.
- (4) Supplemental Reporting Period: October 25, 2016, through NOON November 1, 2016.

Financial Disclosure Statement  
State Form 40876 (R8 / 9-04)

YOUR FINANCIAL DISCLOSURE FORM WAS SUCCESSFULLY SUBMITTED!  
We will process it as soon as possible. Please print and save as proof that you filed.  
No action is required on these pages.

For the Calendar Year 2016

Check if this is an amendment to your current statement.

Name (Last) Rokita	Name (First) Theodore	Name (Middle) Edward
Spouse's Name (Last) Rokita	Name (First) Kathleen	Name (Middle) Denise
Office Address (Street) 355. S. Washington St	Address (City) Danville	Address (Zip) 46234
Office Telephone Number (317) 718-0404		Email Address pilot@mail.house.gov

I am filing this statement as a (check one box) candidate

Office or Agency Governor, State of Indiana	Job Title Governor
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Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." Words in *bold italics* are included in the definitions.

**PART 1 - GIFTS**

If you have Information to report below, click the YES button. If no information, click NO: No

List the name and address of any person known to have a business relationship with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a gift or gifts having a total fair market value in excess of one hundred dollars (\$100).

Name (Last)	Address (City)	Address (Zip)
Name (Last)	Address (City)	Address (Zip)
Name (Last)	Address (City)	Address (Zip)

**PART - 2 REAL PROPERTY INTERESTS**

If you have Information to report below, click the YES button. If no information, click NO: Yes

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more compromising ten per cent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

Property and its location 504 E. 10th Street, Indianapolis
Property and its location

1230 East 54th Street, Indianapolis

Property and its location

421.5 Massachusetts Ave, Indianapolis

## PART - 3 Non-State Employers

If you have Information to report below, click the YES button. If no information, click NO: Yes

List the name of your *employer(s)* and the employer(s) of your spouse and the nature of each employer's business.

Your employer	Nature of business
People of IN Congressional District 4	U.S. House of Representatives
Spouse's employer	Nature of business
Somerset CPAs	CPA - Healthcare Consulting

## PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE

If you have Information to report below, click the YES button. If no information, click NO: No

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

Name of Your Business	Nature of Business
Name of Spouse's Business	Nature of Spouse's Business

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.

## PART 5 - PARTNERSHIPS

If you have Information to report below, click the YES button. If no information, click NO: No

List any partnership in which you or your spouse is a member and the nature of the partnership business.

Name of Your partnership	Nature of partnership
Name of Spouse's partnership	Nature of Spouse's partnership

## PART 6 - OFFICER OR DIRECTOR OF CORPORATION

If you have Information to report below, click the YES button. If no information, click NO: Yes

List the name of any corporation in which you or your spouse is a officer or director and the nature of the corporation's business. Churches need not be listed.

Name of Corporation	Nature of Business
Hoosier Seneca, LLC	Aircraft Partnership and Leasing
Name of Spouse's Corporation	Nature of Spouse's Business
None	

## PART 7 - STOCKHOLDER OF CORPORATION

If you have Information to report below, click the YES button. If no information, click NO: Yes

List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

Name of corporation	your's on	spouse's	children's
Apple Computer			

## PART 8 - MOST RECENT EMPLOYER

If you have Information to report below, click the YES button. If no information, click NO: Yes

List the name and address of your most recent former employer.

Name of your most recent former employer State of Indiana	Address (street, city, ZIP code) 201 Statehouse Indianapolis IN 46201
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### COMMENTS

Please place any comments in the field below

### AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

### INSTRUCTIONS

**Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable."** Incomplete statements will be returned. Please note that the statement must be affirmed and signed. Complete the form by printing legibly or typing. Attachments may be included to provide additional information or to clarify. ***Bold italicized*** words in the form are defined below. Financial Disclosure Statements filed with the Office of Inspector General are available for public inspection, photocopying, and possible access on the agency Web site [ ].

### WHO MUST FILE THIS FORM, AND WHEN

- 1) The Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction, any person who is the appointing authority of an agency, the director of each division of the Department of Administration, any purchasing agent within the Procurement Division of the Department of Administration or an employee required to do so by rule adopted by the Commission must file this financial disclosure form no later than February 1 of every year.
- 2) Candidates for Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction must file this disclosure before filing a declaration of candidacy under IC 3-8-2, petition of nomination under IC 3-8-6, or declaration of intent to be a write-in candidate under IC 3-8-2-2.5, or before a certificate of nomination is filed under IC 3-8-7-8.
- 3) The persons listed in (1) above, must file not later than sixty (60) days after employment or taking office, unless the previous employment or office required the filing of a statement under this section.

4) The same persons required to file in (1) above must file not later than thirty (30) days after leaving employment or office, unless the subsequent employment or office requires the filing of a statement under this section.

#### DEFINITIONS OF TERMS USED IN THIS FORM

- 1) **"Business relationship"** means dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing: (A) a pecuniary interest in a contract or purchase with the agency; or (B) a license or permit requiring the exercise of judgement or discretion by the agency.
- 2) **"Employer"** means any person from whom a state officer or employee or the officer's or employee's spouse received compensation (a customer or client of a self-employed individual in a sole proprietorship or a professional practice is not considered to be an employer).
- 3) **"Gift"** means the transfer or promise of a transfer of something of value regardless of the form without adequate and lawful consideration or consideration less than that required of others who are not state officers or employees, including the full or partial forgiveness of indebtedness, which is not extended to others who are not state employees on the same terms and conditions. However, "gift" does not include gifts from relatives of less than two hundred fifty dollars (\$250) or campaign contributions subject to IC 3-9-2.
- 4) **"Person"** means any individual, proprietorship, partnership, unincorporated association, trust, business trust, group, or corporation, whether or not operated for profit, or governmental agency or political subdivision.